Cholera Bug in India

2867. PROF. M. SANKARALINGAM: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that lethal Cholera bug are prevalent in India;

(b) in which part of India such bug are active and what damage has been caused to the life of men, women and animals in the country; and

(c) the steps taken by the Health Department to arrest the spread of the Cholera bug?

THE MINISTER OF STATE OF THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI DALIT EZHILMALAI) : (a) and (b) Cholera is an acute diarrhoeal disease caused by Vibrio Cholerar which spreads through Contaminated water an food, poor environmental sanitation and personal hygiene. The disease is endemic in the country and sporadic cases are reported throughout the year, with seasonal increase during the summer and monsoon periods.

(c) The control and prevention of cholera requires availability of uncontaminated safe drinking water, hygienic disposal of human faeces and hyginene. Under the Rajiv Gandhi National Drinking Water Mission, Government of India is providing safe water and undertaking sanitation programme. The National Surveillance Programme for Communicable Diseases (NSPCD) has also been launched in selected districts for detection of early warning signals of outbreaks due to communicable diseases, including cholera, and rapid response system established for prevention and control of these outbreaks.

Gene Therapy for Medical Treatment

2868. SHRI PARMESHWAR KUMAR AGARWALLA: Will the Minister of HEALTH AND FAMILY WELFARS be pleased to state:

(a) whether WHO has suggested development of gene therapy to make medical treatment more effective;

(b) if so, what is the position in the medical research in this regard as far as India is concerned; and

(c) how soon an effective gene therapy methodology is expected to achieve a break through?

THE MINISTER OF STATE OF THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI DALIT EZHILMALAI) :(a) The World Health Organisation in its overview of the Human Genetics Programme (HGP) published in 1999 has made the following general statement:

A WHO Scientific Group on the Control of Hereditary Diseases held in 1993 strongly recommended further development of genetic approaches to the control of various diseases and for health improvement. The preparation and international dissemination of information on genetic problems and possible strategies for disease control is an essential component of HGP.

Such information is updated and revised at the regularly organised WHO meetings in the light of research developments and experience of ongoing national programmes.

(b) In India there are several centres where basic research into gene-therapy is being conducted. This research is primarily focussed on developing the technology for efficient gene delivery into animals. The diseases that are being targeted are infectious diseases or acquired disorders such as cancer. No human clinical trails have yet been conducted in India using genetic therapies. Hence the gene therapy

research in India is at a preclinical stage where basic science is the focus. On the basis of such basic research, these applications may then be tested first in bre-clinical animals models and subsequently in patients.

(c) Currently, the status of research into gene therapy is in an embryonic stage in our country. Significant progress in basic research into (1) Gene delivery systems for targetting therapeutic genes to particular tissues and (2) of animal models of human infectious diseases particularly relevant to India can be expected in the next 5-10 years. Progress in developing actual gene therapies for human trials can only be expected in the next 10-15 years. However, it should be noted that if gene based therapies for either infectious or inherited diseases reach the clinic anywhere in the world, it should be possible to use such therapies here also.

Separate cadres under Official Language Act in the Health Offices

2869. SHRI RAJ NATH SINGH:
SHRIMATI MALTI SHARMA:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether orders under section 4(4) of Official Language Act, 1963, were issued by the competent authority vide resolution No. I/20012/1/87-OL(AI) dated 30th December, 1998 (Item No. 11) for formation of separate cardes of officers engaged in translation work in subordinate Offices of Ministry;

(b) whether similar recommendations were also made in 21st meeting of Central Hindi Committee held on 2nd December, 1987;

(c) the action taken on these recommendations; and

(d) if not, reasons therefor?

THE MINISTER OF STATE OF THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI DALIT EZHILMALAI): (a) No, Sir. However, Resolution No. I/20012/1/87-OL(A 1) was issued on 30th December, 1998 by the Deptt. of Official Language (M.H.A.) for forming a separate cadre in subordinate offices for translation work where it is feasible and providing avenues for promotion to the staff where it is not feasible.

(b) Yes, Sir.

(c) and (d) Action to assess the feasibility to form a separate cadre for Hindi posts in subordinate offices of this Ministry has been initiated.

उत्तर प्रदेश में पल्स पोलियों की खुराक

2870. **श्री मुनव्वर हसन: क्या स्वास्थ्य और परिवार कल्याण मंत्री यह बताने की कृपा करेंगे कि:**

(क) क्या यह सच है कि उत्तर प्रदेश के मुजफ्फर नगर, मेरठ, आज़मगढ़, जौनपुर, गाज़ीपुर और मऊ जिलों के शहरी और ग्रामीण क्षेत्र में पल्स पोलियों की खुराक उपलब्ध नहीं करवाई गई है?

(ख) यदि हां, तो इसके क्या कारण हैं, और

(ग) क्या सरकार उपरोक्त जिलों के ग्रामीण क्षेत्रों में बच्चों को पल्स पोलियो की खुराक उपलब्ध करवाने का प्रबंध करेगी?

स्वास्थ्य और परिवार कल्याण मंत्रालय के राज्य मंत्री (श्री दलित एजिलमलाई): (क) से (ग) उत्तर प्रदेश में मुजफ्फर नगर, मेरठ, आज़मगढ़, जौनपुर, गाज़ीपुर और मऊ जिलों के ग्रामीण क्षेत्रों में दिसम्बर 1998, जनवरी एवं मार्च 1999 में पल्स पोलियो प्रतिरक्षण के तीन चरणों के दौरान पांच वर्ष तक की आयु के सभी बच्चों को पल्स पोलियो की खुराके दी गयी। इन जिलों द्वारा यथा सूचित कवरेज संबंधी सूचना विवरण में दी गई है।